ILF / WHO / CHAI webinar

REPORT BACK ON PADO 3 REVIEW

Conference call through WebEx

Monday, 5 February 2018

Option 1: 05:30-06:30 EST / **11:30-12:30 CET** / 16:00-17:00 IST

Option 2: 11:00-12:00 EST / **17:00-18:00 CET** / 21:30-22:30 IST

Rules of engagement

Key considerations: Compliance with competition rules

What to avoid

- **Do not** discuss with other participants competitively sensitive information on anything relating to topics such as prices, discounts, margins, price-related contractual terms or territorial protection.
- **Do not** exchange information on costs, capacity, business plans or commercial strategy. The only exception is for industry data that are publicly available via data services, such as interest rates.
- **Do not** exchange individualized information on output plans.
- **Do not** engage in conduct that could have the effect of restricting competition by excluding actual or potential competitors from the market or preventing them from competing effectively.
- **Do not** discuss matters relating to your company's marketing plans, design, production or distribution.
- **Do not** share with other participants any other competitively sensitive or confidential information.

What to do

- **Do** report to the IAS any discussion or conduct that you suspect might violate these guidelines, and keep a copy of such correspondence.
- **Do** leave any discussion that you feel might infringe these guidelines, and ask for your leaving to be recorded in the minutes.
- **Do** refuse any commercially sensitive or confidential information you might be offered. If you receive such information, return them immediately, emphasizing that you do not want to have access to them. Keep a copy of such correspondence.
- **Do** remember that you are responsible for your own compliance with these guidelines.

Today's webinar

Today's webinar objectives

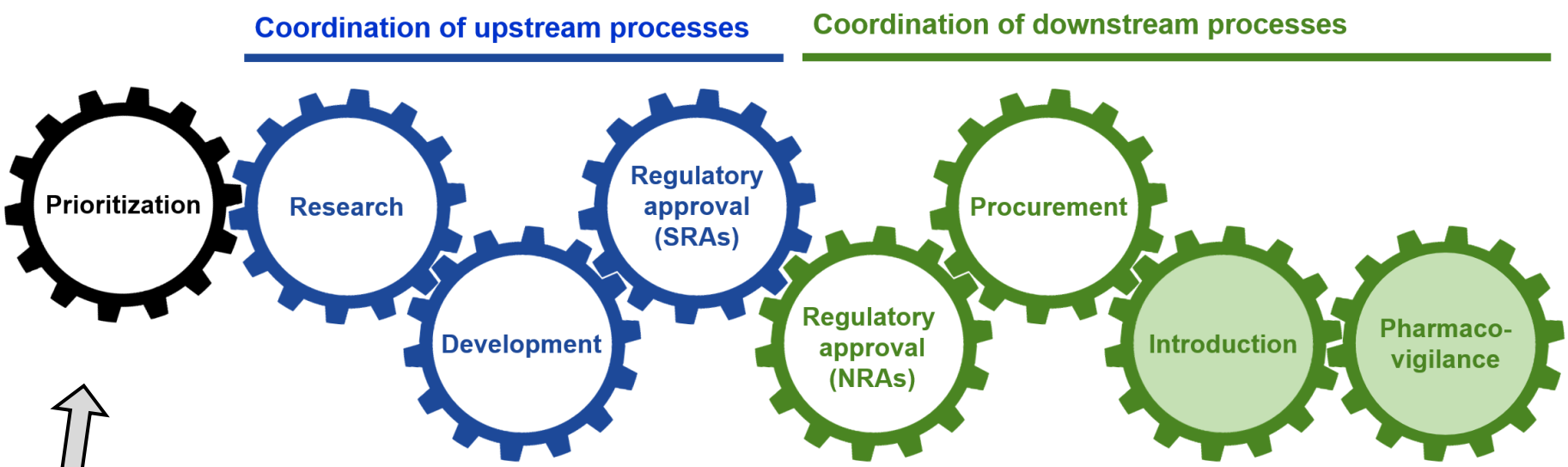
- Summarize the key outcomes of the PADO review of its list of priority paediatric ARV formulations
- Present some of the next steps for further prioritizing specific drug formulations
- Discuss some of the most pressing evidence gaps
- Allow industry an opportunity to ask questions and provide feedback

Today's agenda

5 minutes	Welcome and introduction Sébastien Morin (IAS)
15 minutes	PADO 3 Implementation: Progress and remaining hurdles in a changing environment Martina Penazzato (WHO)
10 minutes	PADO 3 Implementation: Internal prioritization to maximize impact Melynda Watkins (CHAI)
10 minutes	Remaining evidence gaps: the PADO research agenda Marissa Vicari (IAS)
15 minutes	Q&A Facilitated by Sébastien Morin (IAS)
5 minutes	Closing remarks Sébastien Morin (IAS)

Prioritizing paediatric formulation development

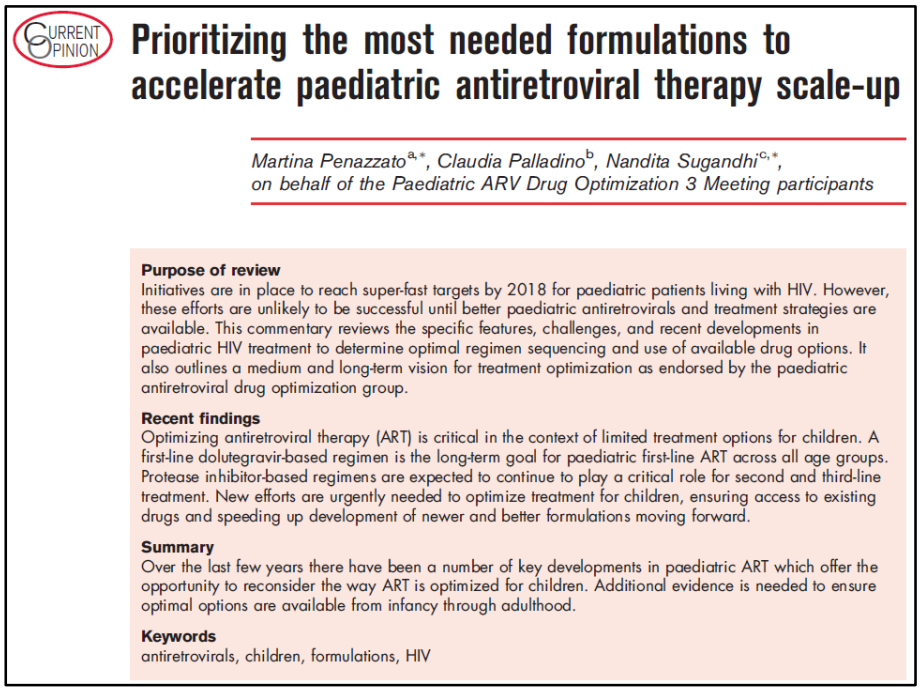
The Global Accelerator for Paediatric Formulations (GAP-f)



PADO
(Paediatric ARV Drug Optimization group)

More information on GAP-f here.

Prioritizing paediatric formulation development



CURRENT OPINION

Prioritizing the most needed formulations to accelerate paediatric antiretroviral therapy scale-up

Martina Penazzato[a,], Claudia Palladino[b], Nandita Sugandhi[c,*], on behalf of the Paediatric ARV Drug Optimization 3 Meeting participants*

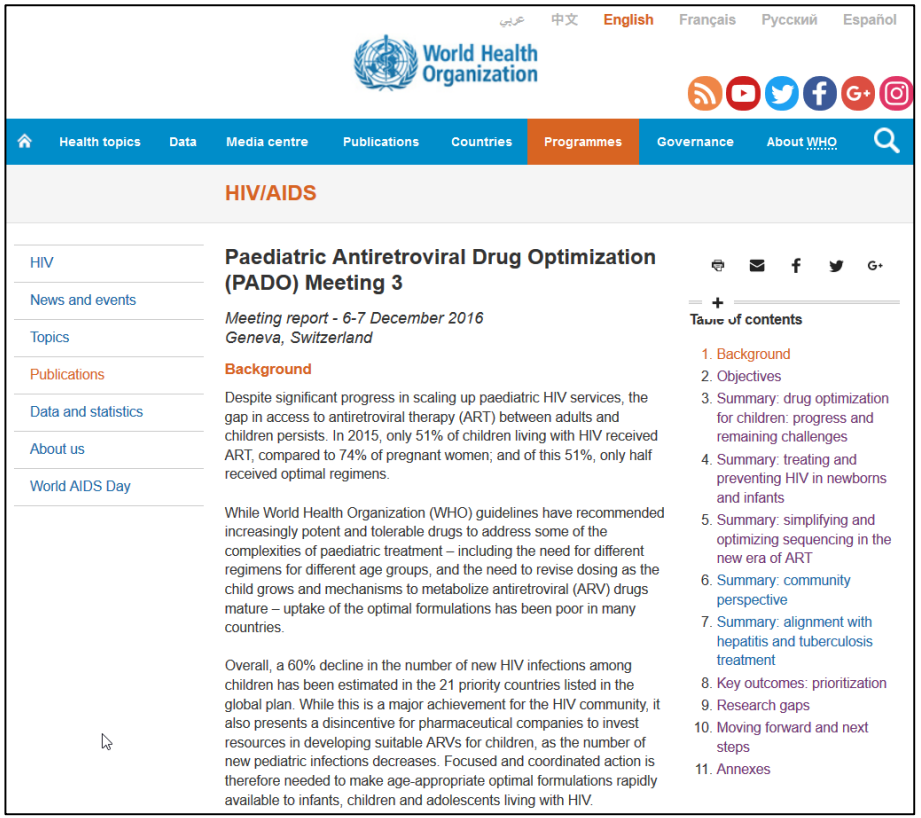
Purpose of review
Initiatives are in place to reach super-fast targets by 2018 for paediatric patients living with HIV. However, these efforts are unlikely to be successful until better paediatric antiretrovirals and treatment strategies are available. This commentary reviews the specific features, challenges, and recent developments in paediatric HIV treatment to determine optimal regimen sequencing and use of available drug options. It also outlines a medium and long-term vision for treatment optimization as endorsed by the paediatric antiretroviral drug optimization group.

Recent findings
Optimizing antiretroviral therapy (ART) is critical in the context of limited treatment options for children. A first-line dolutegravir-based regimen is the long-term goal for paediatric first-line ART across all age groups. Protease inhibitor-based regimens are expected to continue to play a critical role for second and third-line treatment. New efforts are urgently needed to optimize treatment for children, ensuring access to existing drugs and speeding up development of newer and better formulations moving forward.

Summary
Over the last few years there have been a number of key developments in paediatric ART which offer the opportunity to reconsider the way ART is optimized for children. Additional evidence is needed to ensure optimal options are available from infancy through adulthood.

Keywords
antiretrovirals, children, formulations, HIV

Access the paper here.



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Paediatric Antiretroviral Drug Optimization (PADO) Meeting 3

Meeting report - 6-7 December 2016
Geneva, Switzerland

Background

Despite significant progress in scaling up paediatric HIV services, the gap in access to antiretroviral therapy (ART) between adults and children persists. In 2015, only 51% of children living with HIV received ART, compared to 74% of pregnant women; and of this 51%, only half received optimal regimens.

While World Health Organization (WHO) guidelines have recommended increasingly potent and tolerable drugs to address some of the complexities of paediatric treatment – including the need for different regimens for different age groups, and the need to revise dosing as the child grows and mechanisms to metabolize antiretroviral (ARV) drugs mature – uptake of the optimal formulations has been poor in many countries.

Overall, a 60% decline in the number of new HIV infections among children has been estimated in the 21 priority countries listed in the global plan. While this is a major achievement for the HIV community, it also presents a disincentive for pharmaceutical companies to invest resources in developing suitable ARVs for children, as the number of new pediatric infections decreases. Focused and coordinated action is therefore needed to make age-appropriate optimal formulations rapidly available to infants, children and adolescents living with HIV.

Table of contents

Access the report here.

Today's agenda

5 minutes	Welcome and introduction Sébastien Morin (IAS)
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